

## CHAPTER 8 - EMERGENCY HEALTH SERVICES

### FIRST AID

[KRS 156.502](#) describes “health services” to be the provision of direct health care that includes the administration of medication, the operation of medical equipment or the administration of a clinical procedure. The statute goes on to state that health care services may be provided within the health care professional’s scope of practice by a physician, advanced registered nurse (ARNP), registered nurse (RN), licensed practical nurse (LPN) or a school employee who has been delegated and trained by a physician, advanced registered nurse practitioner, or a registered nurse to perform the health services. [KRS 156.502](#) goes on to state that: “Health Services” does not include first aid or emergency services.

Schools are required to have emergency care policies and procedures for medical emergencies that occur at school. [704 KAR 4:020](#) (15) states:

A school shall have emergency care procedures. The emergency care procedures shall include:

- a) First aid facilities, including provisions for designated areas for the child to recline
- b) A requirement that whenever children are present during school hours, there shall be at least one (1) adult present in the schools who is certified in a standard first aid course which includes CPR for infants and children
- c) Parents’ telephone number, or a number at which parents can be reached
- d) Name of family physician
- e) Means of transportation <sup>(1)</sup>

First aid is defined as “the immediate and temporary care given the victim of an accident or sudden illness until the services of a physician can be obtained”. <sup>(2)</sup> Some examples of first aid include the treatment of abrasions, insect stings, fractures, frostbite, nosebleeds, playground/gym injury or the cessation of breathing. Each school shall develop policies and procedures for handling sudden injury or illness in accordance to [704 KAR 4:020](#) (15) as stated above. Emergency care information and authorization for treatment for every student should be updated yearly and kept on file in the designated first aid room or the principles’ office. (Exhibit 8A)

Some useful resources in the development of school district policies and procedures are:

Kentucky School Board Association Policy: 09.224, Emergency Medical Treatment

Kentucky School Board Association Procedure: 09.224AP.1, Emergency Medical Care Procedures. <sup>(3)</sup>

Ohio Public Safety, Emergency Guidelines for Schools, 2<sup>nd</sup> Edition “Guidelines for helping an ill or injured student when the school nurse is not available.” Available [Online]

<http://www.schoolhealth.org/EmergencyGuidelinesforSchools.pdf> <sup>(4)</sup>

A listing of suggested first aid supplies for schools may be found in School Nursing Practice, An Orientation Manual, 2<sup>nd</sup> Edition. <sup>(5)</sup> Page II-43.

A true medical emergency exists with a school incident exceeds the need for basic first aid. True medical emergencies are conditions that may cause death or serious disability if treatment is not started within the first few minutes, such as:

- Cardiac arrest
- Acute airway obstruction
- Massive internal or external hemorrhage
- Neck or back injury
- Chemical burns, especially to eye or face
- Unremitting seizures

- Pneumothorax
- Respiratory arrest
- Near drowning
- Anaphylaxis
- Internal or external poisoning
- Heat stroke
- Penetrating/crushing chest wounds

Students with specific chronic diseases and health impairments may need to be addressed individually through specific care procedures developed for that student. Refer to the student's Emergency Action Plan in their Individualized Health Plan (IHP) or Section 504 Plan or IEP.

The following is Medical Emergency Guidelines is used with permission from the Jefferson County Public Schools:

## EMERGENCY TREATMENT RELEASE FORM

Dear Parent/Guardian:

In order to serve your child in case of accident or sudden illness either at school, on a field trip, or any school sponsored activity, it is necessary that we have this release form signed. Please complete the information requested on the back of this form, review the statement below, then sign and return this form to your child's homeroom teacher on the next school day.

<b>Student's Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
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I the undersigned, do hereby authorize officials of \_\_\_\_\_ Public Schools to contact the persons named on the reverse side of this form and do authorize the named physician or EMS personnel to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the even the parent/guardian, physician or other persons named on the reverse side of this form cannot be contacted, officials of \_\_\_\_\_ Public Schools are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child.

I will not hold the school district financially responsible for the emergency care and/or transportation of said child.

Signing this form shall release \_\_\_\_\_ Public Schools and staff members from any liability of any nature in assisting said child during a medical emergency.

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\_\_\_\_\_  
**Signature of Parent/Guardian**

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\_\_\_\_\_  
**Date**

**Important:**

1. If an accident or illness occurs, a copy of this form will be provided to the emergency care provider (physician, hospital, EMS).
2. If any of this information changes during the year, please call the school office.
3. Please complete, sign and return this form to your child's homeroom teacher on the next school day.
4. Please complete all of the information requested.

## EMERGENCY INFORMATION FORM

Date: \_\_\_\_\_ School: \_\_\_\_\_

Full Name of Student: \_\_\_\_\_  
Last First Middle

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

Place of Employment (**Father**/Guardian) \_\_\_\_\_

Where do we contact you in case of an emergency?

(If no home phone, provide the name or a relative or neighbor and their phone) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_ Work: \_\_\_\_\_

Place of Employment (**Mother**/Guardian) \_\_\_\_\_

Where do we contact you in case of an emergency?

(If no home phone, provide the name or a relative or neighbor and their phone) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_ Work: \_\_\_\_\_

Who do we contact if you cannot be reached?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please complete this section to allow your child to be taken for treatment in case of emergency, when neither you nor the persons listed above can be contacted: *"I give permission for my child to be taken by school personnel or ambulance for treatment to \_\_\_\_\_ Hospital emergency for treatment. I will be responsible for all related fees."*

Physician's Name: \_\_\_\_\_ Patient's File Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Preferred Ambulance Service, if other than EMS \_\_\_\_\_ Phone: \_\_\_\_\_

Use space below to list any health condition(s), routine medication(s), or substances that cause your child to have a severe allergic reaction requiring immediate emergency treatment:

Health Condition	Medication	Allergen/Emergency-Care Needed

If student has medical equipment or supplies, please list company or supplier:

Supplier: \_\_\_\_\_ Phone: \_\_\_\_\_